

UNITED STATES GOVERNMENT

*Memorandum*

TO : SAC, CHICAGO (92-350-Sub 26)

DATE: 1/12/73

FROM : SUPERVISOR VINCENT L. INSERRA

SUBJECT: RACKETEER PROFILE PROGRAM  
CHICAGO DIVISION

In connection with captioned matter, the following Chicago hoodlums are being designated for inclusion in this program:

<u>Subject</u>	<u>Chicago File</u>	<u>Agent Assigned</u>
D'GIOVANNI, SAM	92-1729	SMITH, R. B.
DE ANGELES, RONALD	92-1835	[redacted]
DE BIASE, JOHN	92-2017	WACKS
DE CHIARO, GUIDO	92-1875	FORD, F.
DE GRAZIO, ROCCO	92-1994	[redacted]
DE STEFANO, MARIO	92-2029	BENIGNI
DE STEFANO, SAM	92-1542	BENIGNI
DI BELLA, DOMINICK	92-1165	[redacted]
DI CARO, CHARLES	92-2021	ROEMER
DICKS, GEORGE	92-1860	YORK
DI VARCO, JOSEPH	92-691	FORD, F.
EBOLI, LOUIS	92-2293	[redacted]
ELDORADO, ANTHONY	92-1374	FORD, F.
EMERY, RALPH	92-2013	JOHNSON
ENGLISH, CHARLES	92-917	SMITH, R. B.
ENGLISH, SAMUEL	92-887	[redacted]
ETO, KEN	92-671	

b6  
b7c

Agents to whom these cases are assigned are requested to promptly execute the appropriate form which will be transmitted to the Bureau by SA ROBERT L. MALONE, coordinator of this program.

- 1 - C-1 Tickler
- 1 - SA MALONE Tickler
- 1 - Each of Above Cases

VLI/vel  
(22)

april  
92-1374 Sub-1  
92-1374  
Sub-1

92-1374 Sub-1  
 SEARCHED INDEXED  
 SERIALIZED FILED  
 JAN 12 1973  
 FBI - CHICAGO

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

VLI

NAME OF SUBJECT:

ANTHONY T.  
ELDORADO

FORM CM-75

MARITAL STATUS: Single

3-14-63

ALIASES : Tony PINES, Tony ZITO

NICKNAMES : Pineapples

FORM CM-76

SUBJECT'S IDENTIFYING NUMBERS (IF AVAILABLE)

FBI # : 1160187

SOCIAL SECURITY # : 324 16 8013

PD # : Chicago PD

DRIVERS LICENSE # : E 436-8011-4240

Date of Issue :

Date of Expiration:

State : Ill, wols

Sub 1-  
2

92-1374

Jackson

SEARCHED	INDEXED
SERIALIZED	FILED
JAN 17 1973	
FBI - CHICAGO	

## Organized Crime &amp; Racketeering Section

Criminal Division

United States Department of Justice

## RACKETEER PROFILE



## AGENT AND SUBJECT IDENTIFICATION \*DATE\*

DATE	NAME OF PERSON SUBMITTING INFORMATION							
	/SUB: JOHNSON, HAROLD K				AGENCY		FIELD OFFICE	
	DATE /YR: 73		MO: 01		DY: 12		/AGN: FBI	/FLD: E
	OFFICE PHONE NUMBER /PHN:							
NEW OR MOD	*NEW* *MOD*							
	VERIFICATION /VER: ✓		SUBJECT'S IDENTIFIER /IDEN: 63E					
	NAME OF SUBJECT /NAME: ELIA ORAD O ANTHONY T							
	SEX (M or F) /SEX: M	MARITAL STATUS (R) /STAT: S		MAIDEN NAME OF SUBJECT /MDN:				
ALIASES								
ALIAS	ALIAS *ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*
	/AKA: PINES, TONY							
	ALIAS *ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*
	/AKA: ZITO, TONY							
	ALIAS *ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*
	/AKA:							
	ALIAS *ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*
	/AKA:							
	ALIAS *ALIAS*	*ADD*ALIAS*	*CHG					*ALIAS*
/AKA:								
NICKNAMES								
NKNM	NICKNAME *NKNM*	*ADD*NKNM*	*CHG					*NKNM*
	/NICK: DINEAPPLES							
	NICKNAME *NKNM*	*ADD*NKNM*	*CHG					*NKNM*
	/NICK:							
	NICKNAME *NKNM*	*ADD*NKNM*	*CHG					*NKNM*
	/NICK:							
	NICKNAME *NKNM*	*ADD*NKNM*	*CHG					*NKNM*
	/NICK:							
	/NICK:							
INVESTIGATION *CINV* *ADD*CINV* *CHG *CINV*								
CINV	DATE INVESTIGATION BEGAN /FYR: 63			DATE INVESTIGATION CLOSED /TYR: 00				
	/FMO: 03 /FDY: 14			/TMO: 00 /TDY: 00				
	TYPE OF INVESTIGATION /TIN:			AGENCY INVESTIGATING /AGI:				
	ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*							
INFO	NAME OF PERSON IN AGENCY TO CONTACT /NAME:							
	TITLE OF ABOVE INDIVIDUAL /TITLE:							
	DIVISION EMPLOYED BY /DIV:							
	AGENCY NAME /AG:							
	CITY WHERE AGENCY IS LOCATED /CITY:							
	STATE (R) /ST:	ZIP CODE /ZIP:	LEVEL OF GOVERNMENT (R) /LVL:					
	*INFO* *ADD*INFO* *CHG *INFO*							
	NAME OF PERSON IN AGENCY TO CONTACT /NAME:							
	TITLE OF ABOVE INDIVIDUAL /TITLE:							
	DIVISION EMPLOYED BY /DIV:							
	AGENCY NAME /AG:							
	CITY WHERE AGENCY IS LOCATED /CITY:							
	STATE (R) /ST:	ZIP CODE /ZIP:	LEVEL OF GOVERNMENT (R) /LVL:					

Organized Crime & Racketeering Section  
 Criminal Division  
 United States Department of Justice  
**RACKETEER PROFILE**



SUBJECT'S IDENTIFYING NUMBERS		*ID*	*ADD*ID*	*CHG					*ID*
VERIFICATION	FBI NUMBER								
/VER: <input checked="" type="checkbox"/>	/FBI:	/1	6	0	1	8	7		
ORG. CRIME & RACKET. #	SOCIAL SECURITY NUMBER								
/OCR:	/SSN:	3 2 4 1 6 8 0 1 3							
CRIMINAL IDENTIFICATION NUMBER									
/PD:									
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER									
/AGENCY:									
STATE (R)	ZIP CODE								
/ST:	/ZIP:								
*ID*	*ADD*ID*	*CHG							*ID*
VERIFICATION	CRIMINAL IDENTIFICATION NUMBER								
/VER:	/PD:								
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER									
/AGENCY:									
STATE (R)	ZIP CODE								
/ST:	/ZIP:								
*ID*	*ADD*ID*	*CHG							*ID*
VERIFICATION	FBI NUMBER								
/VER:	/FBI:								
ORG. CRIME & RACKET. #	SOCIAL SECURITY NUMBER								
/OCR:	/SSN:								
CRIMINAL IDENTIFICATION NUMBER									
/PD:									
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER									
/AGENCY:									
STATE (R)	ZIP CODE								
/ST:	/ZIP:								
*ID*	*ADD*ID*	*CHG							*ID*
VERIFICATION	CRIMINAL IDENTIFICATION NUMBER								
/VER:	/PD:								
NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER									
/AGENCY:									
STATE (R)	ZIP CODE								
/ST:	/ZIP:								
LICENSE OR MISCELLANEOUS NUMBERS		*NBRS*	*ADD*NBRS*	*CHG					*NBRS*
VERIFICATION	DATE OF ISSUE				DATE OF EXPIRATION				
/VER: <input checked="" type="checkbox"/>	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:			
TYPE OF NUMBER OR LICENSE									
/TNBR: DRIVERS LICENSE									
NUMBER									
/NBR: 643680114240									
ISSUING AGENCY							ISSUING STATE (R)		
/AGY: SECRETARY OF STATE							/ST: IL		
*NBRS*	*ADD*NBRS*	*CHG							*NBRS*
VERIFICATION	DATE OF ISSUE				DATE OF EXPIRATION				
/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:			
TYPE OF NUMBER OR LICENSE									
/TNBR:									
NUMBER									
/NBR:									
ISSUING AGENCY							ISSUING STATE (R)		
/AGY:							/ST:		
*NBRS*	*ADD*NBRS*	*CHG							*NBRS*
VERIFICATION	DATE OF ISSUE				DATE OF EXPIRATION				
/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:			
TYPE OF NUMBER OR LICENSE									
/TNBR:									
NUMBER									
/NBR:									
ISSUING AGENCY							ISSUING STATE (R)		
/AGY:							/ST:		

FORM CM-76 (Rev. 10-72)

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UNITED STATES GOVERNMENT

# Memorandum

TO : SAC, CHICAGO (92-1374) (Sub 1)

DATE: 3/29/73

FROM : SA HAROLD K. JOHNSON

SUBJECT: ANTHONY ELDORADO  
AR

The main file on the subject (92-1374) has been closed this date.

It is recommended a separate case be opened on 92-1374, sub 1.

HKJ/  
(1)



5010-108-02

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

open  
92-1374  
Sub 1  
v/v

3

92-1374 Sub 1

SEARCHED	INDEXED
SERIALIZED	FILED
MAR 29 1973	
FBI - CHICAGO	

MR [Signature]

PC  
Post  
VL

92-1374 Sub 1

SEARCHED	INDEXED
SERIALIZED	FILED
APR 26 1973	
FBI - CHICAGO	

WJ

*Johnson*

FORM CM-77

VITAL STATISTICS

Name: ANTHONY EL DORADO

Date of Birth: 8-23-16

Place of Birth: City CHICAGO State ILL. Zip Code \_\_\_\_\_

Citizenship: Country USA Verification? (Page 10)

BIRTH RECORD

Date of Death:

Place of Death: City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cause of Death:

Verification? (Page 10)

Height: 5'8"

Hair Color: GREY - Balding

Build: STOCKY

Race: WHITE ITALIAN - AMERICAN

Mental or Physical

Health Problem:

Verification? (p. 10)

Weight: 190

Eye Color: Brown

Complexion: Ruddy

Physical Mark, Scar, Etc:

(A) Kind of mark

(B) Position

(C) Body part

(For above, see page 22)

Residence: Street Number 5463 West Madison City Chicago  
State ILL. Zip Code \_\_\_\_\_

Name of Apartment, Hotel or Prison:

Apartment or Room Number:

Dates of Residence: 1962 - PRESENT

Telephone Number (s) NONE

Verification? (Page 10)

Education: 8TH GRADE

Name of School:

Address: Street Number \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of School:

Highest Grade Completed: 8TH (p. 18)

Major:

Attendance Dates:

Verification? (p. 10)

Military Record: NONE Highest Grade or Rank:

Dates in Service:

Branch of Service: (p. 22) Type of Separation:

Military Occupational Specialty:

Reserve Branch:

Highest Grade or Rank (Reserve):

Reserve Dates:

Verification?

Hobby:

Kind of Hobby:

Where Hobby Takes Place: City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Annual Cost:

Organized Crime & Racketeering Section  
 Criminal Division  
 United States Department of Justice  
 RACKETEER PROFILE



**AGENT AND SUBJECT IDENTIFICATION \*DATE\***

<b>DATE</b>	NAME OF PERSON SUBMITTING INFORMATION				
	/SUB: JOHNSON, HAROLD K		AGENCY	FIELD OFFICE	
	/YR: 73	/MO: 04	/DY: 25	/AGN: FBI	/FLD: F
	OFFICE PHONE NUMBER				
<b>NEW OR MOD</b>	*NEW* *MOD*				
	VERIFICATION	SUBJECT'S IDENTIFIER			
	/VER: [REDACTED]	/IDEN: 163E			
	NAME OF SUBJECT				
/NAME: ELDORADO, ANTHONY T					
SEX (M or F)	MARITAL STATUS (R)	MAIDEN NAME OF SUBJECT			
/SEX: M	/STAT: S	/MDN:			

**ALIASES**

<b>ALIAS</b>	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG	*ALIAS*
	/AKA:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG	*ALIAS*
	/AKA:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG	*ALIAS*
	/AKA:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG	*ALIAS*
	/AKA:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	ALIAS	*ALIAS*	*ADD*ALIAS*	*CHG	*ALIAS*
/AKA:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

**NICKNAMES**

<b>NKNM</b>	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG	*NKNM*
	/NICK:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG	*NKNM*
	/NICK:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG	*NKNM*
	/NICK:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG	*NKNM*
	/NICK:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	NICKNAME	*NKNM*	*ADD*NKNM*	*CHG	*NKNM*
/NICK:	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

**INVESTIGATION \*CINV\* \*ADD\*CINV\* \*CHG**

<b>CINV</b>	DATE INVESTIGATION BEGAN		DATE INVESTIGATION CLOSED			
	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:
	TYPE OF INVESTIGATION				AGENCY INVESTIGATING	
/TINV: ANTIRACKETEERING				/AGYI:		

**ADDITIONAL SOURCE OF INFORMATION \*INFO\* \*ADD\*INFO\* \*CHG**

<b>INFO</b>	NAME OF PERSON IN AGENCY TO CONTACT			
	/NAME: [REDACTED]			
	TITLE OF ABOVE INDIVIDUAL			
	/TITLE: [REDACTED]			
	DIVISION EMPLOYED BY			
	/DIV: [REDACTED]			
	AGENCY NAME			
	/AG: [REDACTED]			
	CITY WHERE AGENCY IS LOCATED			
	/CITY: [REDACTED]			
STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)		
/ST: [REDACTED]	/ZIP: [REDACTED]	/LVL: [REDACTED]		
*INFO* *ADD*INFO* *CHG				

**NAME OF PERSON IN AGENCY TO CONTACT**

<b>INFO</b>	NAME OF PERSON IN AGENCY TO CONTACT			
	/NAME: [REDACTED]			
	TITLE OF ABOVE INDIVIDUAL			
	/TITLE: [REDACTED]			
	DIVISION EMPLOYED BY			
	/DIV: [REDACTED]			
	AGENCY NAME			
	/AG: [REDACTED]			
	CITY WHERE AGENCY IS LOCATED			
	/CITY: [REDACTED]			
STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)		
/ST: [REDACTED]	/ZIP: [REDACTED]	/LVL: [REDACTED]		

Organized Crime & Racketeering Section  
Criminal Division  
United States Department of Justice



RACKETEER PROFILE

VITAL STATISTICS ON SUBJECT											
		*BIRTH*		*ADD*BIRTH*		*CHG*		*BIRTH*			
BIRTH	VERIFICATION		CITY WHERE SUBJECT WAS BORN								
	/VER: D	/CITY: CHICAGO	STATE (R)	ZIP CODE	DATE OF BIRTH		CITIZENSHIP (R)				
	/ST: IL	/ZIP: 60600	/FYR: 1	/FMO: 08	/FDY: 23	/CIT: 7/S					
DEATH	*DEATH*		*ADD*DEATH*		*CHG*		*DEATH*				
	VERIFICATION		CITY WHERE SUBJECT DIED								
	/VER:	/CITY:	STATE (R)	ZIP CODE	DATE OF DEATH						
	/ST:	/ZIP:	/TYR:	/TMO:	/TDY:						
	CAUSE OF DEATH										
/DEAD:											
PHYS	PHYSICAL DESCRIPTION		*PHYS*		*ADD*PHYS*		*CHG*		*PHYS*		
	VERIFICATION		MENTAL OR PHYSICAL HEALTH PROBLEM						HAIR COLOR (R)		
	/VER:	/HLTH:							/HAIR: GRAY		
	HEIGHT		FINGERPRINT CLASSIFICATION (R)						EYE COLOR (R)		
	/HT: 508	/FING:							/EYE: BROWN		
	PHYSICAL MARK, SCAR, ETC. (R)		COMPLEXION (R)			WEIGHT					
	/MARK:	/CMPLX: RUDDY			/WT: 190						
	RACE (R)		BUILD (R)								
	/RACE: CAUCASIAN	/BLD: STOCKY									
	*PHYS* *ADD*PHYS* *CHG				*PHYS*						
VERIFICATION		PHYSICAL MARK, SCAR, ETC. (R)									
/VER:	/MARK:										
MENTAL OR PHYSICAL HEALTH PROBLEM											
/HLTH:											
SUBJECT'S RESIDENCE/TELEPHONE											
ADDR	*ADDR*		*ADD*ADDR*		*CHG*		*ADDR*				
	APARTMENT, HOTEL, OR PRISON NAME										
	/EST:										
	STREET NUMBER		STREET NAME								VERIFICATION
	/STNBR: 5463	/STNM: MADISON W								/VER:	
	CITY OF RESIDENCE										STATE (R)
	/CITY: CHICAGO									/ST: IL	
ZIP CODE		DATES OF RESIDENCE									
/ZIP: 60600	/FYR: 62	/FMO: 00	/FDY: 00	/TYR: 00	/TMO: 00	/TDY: 00					
APTMENT OR ROOM NO.		TELEPHONE (1)						TELEPHONE (2)			
/APT:	/TEL1:						/TEL2:				
EDUCATION											
ED	*ED*		*ADD*ED*		*CHG*		*ED*				
	VERIFICATION		ATTENDANCE DATES								
	/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:				
	NAME OF SCHOOL										
	/EST:										
	STREET NUMBER		STREET NAME								
	/STNBR:	/STNM:									
CITY WHERE SCHOOL IS LOCATED										STATE (R)	
/CITY:									/ST:		
ZIP CODE		TYPE OF SCHOOL (R)						HIGHEST GRADE COMPLETED (R)			
/ZIP:	/SCH: GRAMMAR						/GRD: 8				
MJR:											
MILITARY RECORD											
MIL	*MIL*		*ADD*MIL*		*CHG*		*MIL*				
	VERIFICATION		DATES IN SERVICE								
	/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:				
	BRANCH OF SERVICE (R)										
	/BRCH:										
	MILITARY OCCUPATIONAL SPECIALITY		HIGHEST GRADE or RANK								
	/MOS:	/RANK:									
TYPE OF SEPARATION											
/SEP:											
RESERVE BRANCH (R)		HIGHEST GRADE or RANK (Reserve)									
/RSRV:	/RNK:										
RESERVE DATES											
/NYR:	/NMO:	/NDY:	/MYR:	/MMO:	/MDY:						
HOBBY											
HOBBY	*HOBBY*		*ADD*HOBBY*		*CHG*		*HOBBY*				
	/HOB:										
	CITY WHERE HOBBY TAKES PLACE										
	/CITY:										
	STATE (R)	ZIP CODE	ANNUAL COST (Dollars)								
/ST:	/ZIP:	/COST:									

FORM CM-77 (Ed. 5-72)

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*Rec  
Post  
VCL*

92-1374 Sub 1

SEARCHED	INDEXED
SERIALIZED	FILED
APR 26 1973	
FBI - CHICAGO	

*[Handwritten signature]*

92-1374 Sub 1-5

SEARCHED	INDEXED
SERIALIZED	FILED
JUL 11 1973	
FBI - CHICAGO	

*[Signature]*

Organized Crime & Racketeering Section  
 Criminal Division  
 United States Department of Justice  
**RACKETEER PROFILE**



AGENT AND SUBJECT IDENTIFICATION *DATE*						
<b>DATE</b>  <b>NEW OR MOD</b>	NAME OF PERSON SUBMITTING INFORMATION					
	/SUB: JOHNSON, HAROLD K	DATE	AGENCY			
	/YR: 73	/MO: 07	/DY: 05	/AGN: FBI	/FLD: E	
	OFFICE PHONE NUMBER			/PHN:		
*NEW* <input checked="" type="checkbox"/> *MOD*						
VERIFICATION	SUBJECT'S IDENTIFIER					
/VER:	/IDEN: 63E					
NAME OF SUBJECT						
/NAME: ELDORADO, ANTHONY T	SEX (M or F)	MARITAL STATUS (R)	MAIDEN NAME OF SUBJECT			
/SEX:	/STAT:	/MDN:				
ALIASES						
<b>ALIAS</b>	ALIAS *ALIAS*	*ADD*ALIAS*	*CHG	*ALIAS*		
	/AKA:					
	ALIAS *ALIAS*	*ADD*ALIAS*	*CHG	*ALIAS*		
	/AKA:					
	ALIAS *ALIAS*	*ADD*ALIAS*	*CHG	*ALIAS*		
	/AKA:					
	ALIAS *ALIAS*	*ADD*ALIAS*	*CHG	*ALIAS*		
	/AKA:					
NICKNAMES						
<b>NKNM</b>	NICKNAME *NKNM*	*ADD*NKNM*	*CHG	*NKNM*		
	/NICK:					
	NICKNAME *NKNM*	*ADD*NKNM*	*CHG	*NKNM*		
	/NICK:					
	NICKNAME *NKNM*	*ADD*NKNM*	*CHG	*NKNM*		
	/NICK:					
	NICKNAME *NKNM*	*ADD*NKNM*	*CHG	*NKNM*		
INVESTIGATION *CINV* <input checked="" type="checkbox"/> *CHG						
<b>CINV</b>	DATE INVESTIGATION BEGAN	DATE INVESTIGATION CLOSED				
	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:
	TYPE OF INVESTIGATION			AGENCY INVESTIGATING		
	/TINV: AIR			/AGYI:		
ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG				*INFO*		
<b>INFO</b>	NAME OF PERSON IN AGENCY TO CONTACT					
	/NAME:					
	TITLE OF ABOVE INDIVIDUAL					
	/TITLE:					
	DIVISION EMPLOYED BY					
	/DIV:					
	AGENCY NAME					
	/AG:					
	CITY WHERE AGENCY IS LOCATED					
	/CITY:					
	STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)			
	/ST:	/ZIP:	/LVL:			
*INFO* *ADD*INFO* *CHG						*INFO*
NAME OF PERSON IN AGENCY TO CONTACT						
/NAME:						
TITLE OF ABOVE INDIVIDUAL						
/TITLE:						
DIVISION EMPLOYED BY						
/DIV:						
AGENCY NAME						
/AG:						
CITY WHERE AGENCY IS LOCATED						
/CITY:						
STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)				
/ST:	/ZIP:	/LVL:				

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Organized Crime & Racketeering Section  
 Criminal Division  
 United States Department of Justice



RACKETEER PROFILE

SUBJECT'S EMPLOYMENT		*EMP*	*ADD*EMP*	*CHG					*EMP*		
EMP	VERIFICATION	DATES OF EMPLOYMENT									
	/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:				
	NAME OF BUSINESS WHERE EMPLOYED										
	/EST: <b>UNEMPLOYED</b>										
	STREET NUMBER	STREET NAME									
	/STNBR:	/STNM:									
	CITY WHERE BUSINESS IS LOCATED										
	/CITY:										
STATE (R)	ZIP CODE	TYPE OF BUSINESS (R)									
/ST:	/ZIP:	/BUS:									
JOB TITLE (DESCRIPTION OF WORK)				ANNUAL INCOME (IN THOUS.)							
/JOB:				/SAL:							
FINANCIAL HOLDING OR OBLIGATION		*FINAN*	*ADD*FINAN*	*CHG					*FINAN*		
FINAN	VERIFICATION	TYPE OF HOLDING OR OBLIGATION (R)									
	/VER:	/TFIN:									
	NAME OF BUSINESS										
	/EST:										
	STREET NUMBER	STREET NAME									
	/STNBR:	/STNM:									
	CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED										
	/CITY:										
STATE (R)	ZIP CODE	TYPE OF BUSINESS (R)								% CONTROL	
/ST:	/ZIP:	/BUS:									/CONT:
NUMBER OF SHARES (IN 100'S)		FACE VALUE OR PRINCIPAL (IN 100'S)		ANNUAL INCOME (IN 100'S)							
/SHR:		/VALUE:		/INC:							
BANK ACCOUNT		*BANK*	*ADD*BANK*	*CHG					*BANK*		
BANK	VERIFICATION	DATES OF ACCOUNT									
	/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:				
	TYPE OF ACCOUNT (R)				ACCOUNT NUMBER						
	/ACCT:	/ACCTNBR:									
	NAME OF BANK										
	/EST:										
	BANK BRANCH NAME										
	/BRNM:										
STREET NUMBER	STREET NAME										
/STNBR:	/STNM:										
CITY WHERE BANK IS LOCATED											
/CITY:											
STATE (R)	ZIP CODE										
/ST:	/ZIP:										
*BANK*		*ADD*BANK*	*CHG						*BANK*		
VERIFICATION	DATES OF ACCOUNT										
/VER:	/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:					
TYPE OF ACCOUNT (R)				ACCOUNT NUMBER							
/ACCT:	/ACCTNBR:										
NAME OF BANK											
/EST:											
BANK BRANCH NAME											
/BRNM:											
STREET NUMBER	STREET NAME										
/STNBR:	/STNM:										
CITY WHERE BANK IS LOCATED											
/CITY:											
STATE (R)	ZIP CODE										
/ST:	/ZIP:										

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Organized Crime & Racketeering Section  
 Criminal Division  
 United States Department of Justice  
**RACKETEER PROFILE**



HANGOUTS AND PLACES FREQUENTED				*HANGOUT*	*ADD*HANGOUT*	*CHG					*HANGOUT*		
VERIFICATION		TYPE OF ESTABLISHMENT (R)											
/VER: /V		/TEST: RESTAURANT											
NAME OF PLACE FREQUENTED (HANGOUT)													
/EST: PAL JOEY HOT DOG STAND													
STREET NUMBER		STREET NAME											
/STNBR: 5463		/STNM: MADISON W											
CITY WHERE ESTABLISHMENT IS LOCATED													
/CITY: CHICAGO													
STATE (R)		ZIP CODE		FREQUENCY (R)		AVERAGE LENGTH OF STAY (in days)							
/ST: IL		/ZIP: 60600		/FRE: DAILY		/STAY:							
*HANGOUT*		*ADD*HANGOUT*		*CHG		*HANGOUT*							
VERIFICATION		TYPE OF ESTABLISHMENT (R)											
/VER: /TEST:		NAME OF PLACE FREQUENTED (HANGOUT)											
/EST:													
STREET NUMBER		STREET NAME											
/STNBR:		/STNM:											
CITY WHERE ESTABLISHMENT IS LOCATED													
/CITY:													
STATE (R)		ZIP CODE		FREQUENCY (R)		AVERAGE LENGTH OF STAY (in days)							
/ST:		/ZIP:		/FRE:		/STAY:							
*HANGOUT*		*ADD*HANGOUT*		*CHG		*HANGOUT*							
VERIFICATION		TYPE OF ESTABLISHMENT (R)											
/VER: /TEST:		NAME OF PLACE FREQUENTED (HANGOUT)											
/EST:													
STREET NUMBER		STREET NAME											
/STNBR:		/STNM:											
CITY WHERE ESTABLISHMENT IS LOCATED													
/CITY:													
STATE (R)		ZIP CODE		FREQUENCY (R)		AVERAGE LENGTH OF STAY (in days)							
/ST:		/ZIP:		/FRE:		/STAY:							
*TRAVEL*		*ADD*TRAVEL*		*CHG		*TRAVEL*							
VERIFICATION		DATES OF TRAVEL											
/VER: /TEST:		/FYR: /FMO: /FDY: /TYR: /TMO: /TDY:											
NAME OF LODGING													
/EST:													
STREET NUMBER		STREET NAME											
/STNBR:		/STNM:											
CITY WHERE LODGING IS LOCATED													
/CITY:													
STATE (R)		ZIP CODE		MODE OF TRAVEL (R)									
/ST:		/ZIP:		/MODE:									
NAME OF CARRIER													
/CARNM:													
*TRAVEL*		*ADD*TRAVEL*		*CHG		*TRAVEL*							
VERIFICATION		DATES OF TRAVEL											
/VER: /TEST:		/FYR: /FMO: /FDY: /TYR: /TMO: /TDY:											
NAME OF LODGING													
/EST:													
STREET NUMBER		STREET NAME											
/STNBR:		/STNM:											
CITY WHERE LODGING IS LOCATED													
/CITY:													
STATE (R)		ZIP CODE		MODE OF TRAVEL (R)									
/ST:		/ZIP:		/MODE:									
NAME OF CARRIER													
/CARNM:													

FORM CM-79 (Ed. 5-72)

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92-1374 Sub 1-5

SEARCHED	INDEXED
SERIALIZED	FILED
JUL 11 1973	
FBI - CHICAGO	

VER

~~Closed  
by [Signature]~~

-23-73

92-1374 Sub -6

SEARCHED	INDEXED
SERIALIZED	FILED
JUL 26 1973	
FBI - CHICAGO	



RACKETEER PROFILE

VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG		*VEH1*	
VEH 1	VERIFICATION	TYPE OF VEHICLE (R)	MODEL YEAR
	/VER: V	/VEH: CAR	/MODYR: 67
	MAKE OF VEHICLE		
	/MAKE: CHRYSLER		
	MODEL OF VEHICLE		VEHICLE COLOR (R)
	/MODEL: 1MOA141		/COL: BHV
BODY STYLE OF VEHICLE (R)			
/BODY: SEDAN 4 DOOR			
SERIAL NUMBER OF VEHICLE			
/SERNBR: 1546971131478			
VEHICLE (OWNERSHIP) *VEH2* *ADD		*VEH2* *CHG	
VEH 2	VERIFICATION	LICENSE VALIDITY DATES	
	/VER: V	/FYR: 93 /FMO: 00 /FDY: 00 /TYR: 73 /TMO: 00 /TDY: 00	
	NAME OF PERSON OR COMPANY OWNING VEHICLE		
	/OWN: EL DORADO ANTHONY T		
	CITY WHERE OWNER RESIDES		
	/CITY: CHICAGO		
STATE (R)	ZIP CODE	TITLE NUMBER	
/ST: IL	/ZIP: 60600	/TTL:	
LICENSE TAG NUMBER			
/REG: IL-CR3314			
*VEH2* *ADD		*VEH2* *CHG	
VERIFICATION			
/VER:			
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE			
/OWN:			
VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG		*VEH1*	
VEH 1	VERIFICATION	TYPE OF VEHICLE (R)	MODEL YEAR
	/VER: V	/VEH:	/MODYR:
	MAKE OF VEHICLE		
	/MAKE:		
	MODEL OF VEHICLE		VEHICLE COLOR (R)
	/MODEL:		/COL:
BODY STYLE OF VEHICLE (R)			
/BODY:			
SERIAL NUMBER OF VEHICLE			
/SERNBR:			
VEHICLE (OWNERSHIP) *VEH2* *ADD		*VEH2* *CHG	
VEH 2	VERIFICATION	LICENSE VALIDITY DATES	
	/VER: V	/FYR: /FMO: /FDY: /TYR: /TMO: /TDY:	
	NAME OF PERSON OR COMPANY OWNING VEHICLE		
	/OWN:		
	CITY WHERE OWNER RESIDES		
	/CITY:		
STATE (R)	ZIP CODE	TITLE NUMBER	
/ST:	/ZIP:	/TTL:	
LICENSE TAG NUMBER			
/REG:			
*VEH2* *ADD		*VEH2* *CHG	
VERIFICATION			
/VER:			
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE			
/OWN:			
NON-RESIDENCE PHONE *PHONE* *ADD*PHONE*		*CHG	*PHONE*
PHONE	VERIFICATION	DATE OR PERIOD OF USAGE	
	/VER: V	/FYR: /FMO: /FDY: /TYR: /TMO: /TDY:	
	PHONE NUMBER		
	/NUMBER:		
	NAME OF SUBSCRIBER		
	/EST:		
STREET NUMBER		STREET NAME	
/STNBR:		/STNM:	
CITY WHERE SUBSCRIBER RESIDES (IS LOCATED)			
/CITY:			
STATE(R)	ZIP CODE		
/ST:	/ZIP:		
REMARKS ABOUT USAGE LOCATION, PURPOSE, ETC.			
/REMARK:			

NAME:

ELDORADO, Anthony

VEHICLES

Type of vehicle: CAR  
(see attached page)

Model year: 1967

Make of vehicle: CHEVROLET

Model of vehicle: IMPALA

Vehicle color: Blu  
(see attached page)

Body style of vehicle: SEDAN 4 dr.  
(see attached page)

Serial number of vehicle: 154697 U131478

Verification:  (see attached page)

License validity dates: 1973

Name of person or company owning vehicle: ANTHONY T. ELDORADO

City, state and zip code where owner resides: 6107 S. KNOX CT.  
Chicago.

Title number:

License tag number and state: CK3314

Verification:  (see attached page)

Name of second person or company  
owning vehicle:

Verification: (see attached page)

NON-RESIDENCE PHONE

Dates of usage:

Phone number:

Name of subscriber:

Street address, city, state and zip code:

Remarks about usage location, purpose, etc.:

Verification: (see attached page)

92-1374

FORM CM-80

Johnson

92-1394

Name: Anthony Eldorado

Name of Place Frequentied: (Hangout) PAL JOEY HOT DOG STAND

Type of Establishment: (see attached page) RESTAURANT

Verification: OV  
(see attached page)

Street Address, City, State, and Zip Code Where Establishment Is Located: 5463 West Madison Chicago, Ill.

Frequency: (see attached page) daily

Average Length of stay: (in days) 1/8 day

---

Dates of Travel:

Name of Lodging:

Street Address, City, State, and Zip Code of Lodging:

Mode of Travel:

Name of Carrier:

Verification:  
(see attached page)

82-1074

Name: Anthony Eldorado

Dates of Employment:

Name of Business Where Employed:

Address, City, State, and  
Zip Code Where Employed:

Verification:

(refer to attached pg. 1)

Type of Business:

(refer to attached pg. 1)

Job Title:

Annual Income:

---

Type of Financial Holding or .

Obligation: (refer to attached pg. 2)

Verification:

(refer to attached pg. 1)

Name of Business:

Street Address, City, State, and Zip Code  
Where Business or Real Estate is Located:

Type of Business:

(refer to attached pg. 1)

Number of Shares:

Percent(%) Control:

Face Value or Principal:

Annual Income:

(from financial holdings)

---

Type of Bank Account:

(refer to attached pg. 2)

Verification:

(refer to attached pg. 1)

Dates of Account:

Account Number:

Name of Bank:

Bank Branch Name:

Street Address, City, State,  
and Zip Code of Bank:

FORM CM-78

K Johnson #